

## USER AFFIRMATION STATEMENT

I have been made aware and understand that all personnel who have access to the Arizona Department of Economic Security (DES) data are bound by applicable laws, rules and DES directives and are responsible for DES data. I agree to abide by all applicable laws, rules and DES directives. I pledge to refrain from any and all of the following:

1. Revealing DES data to any person or persons outside or within the Department of Economic Security who have not been specifically authorized to receive such data.
2. Attempting or achieving access to DES data not related to my mandated job duties.
3. Entering/altering/erasing DES data for direct OR indirect personal gain or advantage.
4. Entering/altering/erasing DES data maliciously or in retribution for real or imagined abuse, or for personal amusement.
5. Using DES terminals, printers and other equipment for other than work related or DES approved acceptable use (See Information Technology and Office Equipment and Resources Acceptable Use Policy # 1-38-0029).
6. Using another person's personal DES logonid and password.
7. Revealing my personal DES logonids, userids, and passwords to another person.
8. Asking another user to reveal their personal DES logonids, userids, and passwords.

In relation to my responsibilities regarding the proprietary rights of the authors of computer software utilized by DES, I recognize that:

1. DES licenses the use of computer software and does not own this software or its related documentation and, unless authorized by the software developer, does not have the right to reproduce it.
2. I must use software in accordance with the license agreement. Anyone making, acquiring, or using unauthorized copies of software will be subject to disciplinary action as appropriate to the circumstances.
3. I must report knowledge of any misuse of software or related copyright documentation within DES to my manager/supervisor, Division/Program Security Analyst, or the Data Security Officer.

In relation to my responsibilities regarding the requirements of the Health Insurance Portability & Accountability Act (HIPAA).

1. I shall protect all related health information as instructed during the HIPAA training phase which was based on my job responsibilities and tasks performed.
2. I shall report knowledge of any misuse or other violations of the HIPAA requirements to my supervisor, Division/Program Security Analyst or the Data Security Officer.

In relation to my responsibilities regarding access to and use of the INTERNET, INTRANET, and EXTRANET, I understand the below listed Internet USAGE requirements and I have completed the TRAINING and KNOWLEDGE requirements.

1. USAGE:

DES Internet access will be used for authorized Agency purposes.  
(See Information Technology and Office Equipment and Resources Acceptable Use Policy (# 1-38-0029)).

2. TRAINING:

- A. Successfully completed the Basic Data Security Awareness Training class during the past twelve- (12) months  
OR  
Successfully completed the computer based training ( CBT ) version during the past twelve months.

- B. If applicable, successfully completed the proper levels of HIPAA (Health Insurance Portability & Accountability Act) Training based on job responsibilities and tasks performed.

### 3. KNOWLEDGE:

Read and understand the DES Internet/Intranet/Extranet Use Policy (# 1-38-0015).

## USER AFFIRMATION STATEMENT

### INTERNET USE AFFIRMATION *(Supervisor will provide Internet/Intranet/Extranet Use Policy # 1-38-0015.)*

I, \_\_\_\_\_, have read and understand the DES Internet/Intranet/Extranet Use Policy (# 1-38-0015). I agree to comply with all terms and conditions of this policy. I understand and agree that all network and information systems activity, conducted with state/agency resources, is the property of DES and the State of Arizona. I understand that DES reserves the right to monitor and log all network activity, including electronic mail, with or without notice. I have no expectation of privacy in the use of these resources.

### ELECTRONIC MAIL AFFIRMATION *(Supervisor will provide Electronic Mail Policy # 1-38-0035)*

I \_\_\_\_\_, have read and understand the DES Electronic Mail Policy (# 1-38-0035) and agree to comply with all terms and conditions of this policy. I understand and agree that all network and information systems activity, conducted with state/agency resources, is the property of DES and the State of Arizona. I understand that DES reserves the right to monitor and log all network activity, including electronic mail, with or without notice. I have no expectation of privacy in the use of these resources.

I understand that DES will take appropriate action to ensure that applicable federal and state laws, regulations, DES rules, and directives governing confidentiality and security are enforced. A breach of procedures occurring pursuant to this policy or misuse of DES property including computer programs, equipment, and data, may result in disciplinary action including dismissal, prosecution in accordance with any applicable provision of law including Arizona Revised Statute, section 13-2316.

My signature below confirms that I have read this User Affirmation Statement and accept responsibility for adhering to all applicable laws, DES rules, DES directives and the above listed requirements. If I do not sign this Statement, I understand that DES will deny my access to DES data, computer equipment, and software.

#### SIGNATURE:

EMPLOYEE'S LEGAL NAME <i>(Print or typed)</i>	PHONE NO. (     )	SITE CODE
EMPLOYEE'S SIGNATURE		DATE
WITNESSED BY:		
SUPERVISOR'S LEGAL NAME <i>(Print or type)</i>	PHONE NO. (     )	SITE CODE
SUPERVISOR'S SIGNATURE		DATE
ORGANIZATION		